

AO 440 (Rev. 10/93) Summons in a Civil Action

# United States District Court

DISTRICT OF MASSACHUSETTS

HEALTH COALITION, INC.,  
Plaintiff,

V.

NEW ENGLAND ALLERGY ASTHMA  
IMMUNOLOGY & PRIMARY CARE P.C.  
and THOMAS F. JOHNSON, individually,  
Defendants.

## SUMMONS IN A CIVIL CASE

CASE NUMBER:

05 CV 11816 NMG

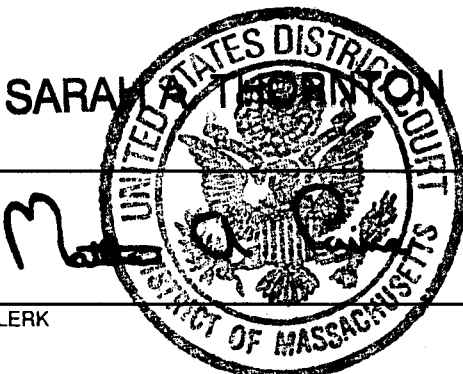
TO: (Name and address of defendant)

New England Allergy Asthma Immunology & Primary Care P.C.  
555 Turnpike Street, Suite 31, No. Andover, MA 01845

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Brian M. Forbes  
Stacey L. Gorman  
Kirkpatrick & Lockhart Nicholson Graham LLP  
75 State Street  
Boston, MA 02109

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



CLERK

(BY) DEPUTY CLERK

DATE

SEP - 6 2005

## RETURN OF SERVICE

Serv

NAME C



Essex County Sheriff's Department • PO Box 2019 • Salem, MA 01970 • 978-750-1900 ext. 3590

Ch

Essex, ss.

September 12, 2005

September 12, 2005

- ☐ I hereby certify and return that on 9/12/2005 at 1:35PM I served a true and attested copy of the summons in a civil case and complaint w/exhibits in this action in the following manner: To wit, by delivering in hand to Alexis Johnson, admin, agent, person in charge at the time of service for NEW ENGLAND ALLERGY ASTHMA IMMUNOLOGY & PRIMARY CARE, PC, 555 Turnpike St., Suite 31, North Andover MA 01845 . Basic Service Fee (\$30.00), Conveyance (\$1.50), Travel (\$14.40), Postage and Handling (\$1.00), Copies (\$5.00) Total Charges \$51.90

A handwritten signature in cursive script, appearing to read "Gil Frechette".

Deputy Sheriff

Deputy Sheriff Gil Frechette

☐ Other (specify): \_\_\_\_\_

## STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_

Date

Signature of Server

Address of Server